

# REQUEST FOR CERTIFICATION OF SOUTH CAROLINA RESIDENCY FOR SREB CONTRACT PROGRAM PARTICIPATION

The ***SREB Regional Contract Program*** is a cooperative tuition-reduction agreement. Each professional school pledges to admit a specific number of qualified students from other states. Students apply for admission and are responsible for tuition at public institutions, but they are not asked to pay an out-of-state fee. At private institutions, students have their tuition reduced. A student must apply directly to the institution of their choice for admission and may not be admitted as a contract student without a certificate of residency. The institution makes the final decision regarding admission.

## ***General Instructions***

- 1) Students apply for residency certification prior to their seeking admission to a specific program.
- 2) Annual re-certification is not required as long as the student's enrollment is continuous.
- 3) Particular attention should be paid to the student's residency during the past two years. A cover letter may be added if the student desires to give further information regarding his/her residency status.
- 4) This completed and notarized form and any other relevant information should be returned to:

***South Carolina Commission on Higher Education  
SREB Contract Programs  
1333 Main Street, Suite 200  
Columbia, SC 29201  
803 737-2245***

- 1) Applicant's Name \_\_\_\_\_  
(Last) (First) (M)
- 2) Social Security Number \_\_\_\_\_
- 3) Institutions you will be attending during period for which out-of-state assistance is requested
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
- 4) Exact Degree & Title of program \_\_\_\_\_
- 5) Projected start date \_\_\_\_\_ (mo/yr). Projected date of graduation \_\_\_\_\_ (mo/yr)
- 6) School Address (if known) \_\_\_\_\_
- 7) Permanent Home Address \_\_\_\_\_  
(Street or Rural Route box number) Telephone \_\_\_\_\_  
(City) (State) (Zip)
- 8) Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(City) (State) (Zip)
- 9) Were you claimed as a dependent by your Parent(s), Guardian(s), or Spouse on their most recent Federal income tax return? (Yes or No) \_\_\_\_\_ ***If No, Please Skip to Question #13.***
- 10) Name (s) of Parent(s)/Guardian(s)/or Spouse \_\_\_\_\_
- 11) Address of Person(s) listed #10 \_\_\_\_\_  
(Street or Rural Route box number) Telephone \_\_\_\_\_  
(City) (State) (Zip)
- 12) Have Parent(s)/Guardian(s)/or Spouse lived at the above address for all of the past two years?  
 \_\_\_\_ Yes \_\_\_\_ No ***If No, Please Give Previous Address and Date of Move*** \_\_\_\_\_  
 (Street or Rural Rt) \_\_\_\_\_  
 (City) (State) (Zip) (Date of Move)

13) Has address in #7 become your address during the past two years? \_\_\_\_Yes \_\_\_\_No

*If Yes, please give previous address and date of move to present address*

14) Where did you graduate from (or last attend) high school? Date graduated\_\_\_\_\_

(Name of School) (City) (State) (Zip)

15) Institution(s) attended after high school \_\_\_\_\_ Residency  
From\_\_\_\_ To\_\_\_\_ Degree\_\_\_\_ Status\_\_\_\_  
Institution/City/State

\_\_\_\_ Residency  
From\_\_\_\_ To\_\_\_\_ Degree\_\_\_\_ Status\_\_\_\_  
Institution/City/State

16) Are you registered to vote \_\_\_\_Yes \_\_\_\_No *If yes, in what state*\_\_\_\_\_

17) Are you licensed to drive \_\_\_\_Yes \_\_\_\_No *If yes, state license issued*\_\_\_\_\_

18) Is any motor vehicle registered your name \_\_\_\_Yes \_\_\_\_No *If yes, state registered*\_\_\_\_\_

19) Have you ever served on a jury \_\_\_\_Yes \_\_\_\_No *If yes, in what state*\_\_\_\_\_

20) Have you ever been gainfully employed in South Carolina \_\_\_\_Yes \_\_\_\_No

*If yes, please provide information below for your three (3) most recent jobs*

Employer	City	Position	From (Mo/Yr)	To (Mo/Yr)	P/T or F/T

21) If you answered yes to item #9, provide employment information for those individuals on whom you are financially dependent (parents/guardians/spouse).

Employer	City	Position	From (Mo/Yr)	To (Mo/Yr)	P/T or F/T

22) Are you a United States citizen \_\_\_\_Yes \_\_\_\_No. If no, what is your VISA classification? \_\_\_\_\_

**I hereby swear (or affirm) that all entries on this form are accurate.**

\_\_\_\_\_  
**Signature (in presence of notary)**

Sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature\_\_\_\_\_  
Notary Public

My Commission Expires\_\_\_\_--\_\_\_\_\_